

**PERSONNEL ACTION**

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) Education Services ATTN: Main Post Testing 217 Custer Avenue Fort Riley, KS 66442	FROM (Include ZIP Code)
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above Soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input checked="" type="checkbox"/> <b>AFCT</b>

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

The Armed Forces Classification Test (AFCT) evaluates active duty personnel who want to improve their ASVAB scores for reenlistment or reclassification. The AFCT must be administered in its entirety. There is no limit to the number of times that the AFCT can be administered during a Soldier's career, however, it will be administered no earlier than 6 months between each retest. An Exception to Policy (ETP) approved by the APT Program Manager is required to retest within the six-month window. Further, requests should document the preparations the Soldier has taken to improve his or her scores. The TCO can provide a sample ETP Request.

☐ I request to be administered the AFCT examination.☐ I have not taken this examination within the last 180 days.☐ This is an initial AFCT examination.

--or--

☐ This is an AFCT retest. My last test was: (YYYY/MM/DD) and my score was: .

Approval of this request must be based on a Soldier's individual personnel records to ensure testing/retesting eligibility requirements have been met.

The Commander/Authorized Representative must check both "Has Been Verified" and "Is Approved" blocks in Section V, #11.

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)